

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS64AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2008
NAME OF PROVIDER OR SUPPLIER SANCHEZ HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4504 LA ROCA CIRCLE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the complaint state licensure survey initiated at your facility on September 9, 2008 and concluded on September 11, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as a seven (7) beds Residential Facility for Groups which provides care to elderly or disabled persons and persons with mental illnesses, Category II residents.</p> <p>The census at the time of the survey was 6 residents</p> <p>There were 2 complaints investigated during the survey.</p> <p>Complaint # NV18968 was substantiated (see TAG# YA174).</p> <p>Complaint # NV19108 was substantiated (see TAG# YA174).</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 172 SS=D	449.209(2) Health and Sanitation-Outside garbage	Y 172		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 172	Continued From page 1 NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Based on observation , the facility failed to provide covered garbage containers outside the facility. Findings include: On 9/9/08 at 2:20 PM, a garbage can was observed outside the facility without a lid. Severity: 2 Scope: 1	Y 172		
Y 173 SS=D	449.209(3) Health and Sanitation-Inside garbage NAC 449.209 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. This Regulation is not met as evidenced by:	Y 173		

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Y 173	Continued From page 2 Based on observation and interview, the facility failed to provide covered garbage containers inside the facility. Findings include: On 9/9/08 at 2:15 PM, a plastic garbage bag was observed hanging on a kitchen cabinet. Severity: 2 Scope: 1	Y 173			
Y 177 SS=F	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation on 9/9/08, the facility failed to ensure the exterior premises were kept free from the accumulations of dirt, garbage and other refuse. Findings include: On the North side of the facility exterior, in an open aluminum shed, there was trash, leaves, old crutches, and plastic bowls and buckets. On the South side of the facility exterior in a wood storage shed there were old durable medical equipment, dead grass, and other refuse. Severity: 2 Scope: 3	Y 177			

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Y 444 SS=F	<p>449.229(9) Smoke Detectors</p> <p>NAC 449.229</p> <p>9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure smoke detectors were maintained in proper operating conditions.</p> <p>On 9/11/08 the facility's smoke detector located in Bedroom #3 would not emit an audible noise when tested. However, when the smoke detector was pushed in Bedroom #3, it would cause the alarm to sound from the smoke detector located in Bedroom #5.</p> <p>On 9/11/08 the smoke detector located in Bedroom #5 was detached from the smoke detector's face plate which was mounted to the ceiling. When Employee #1 reconnected the smoke detector to the face plate, the smoke detector would make random intermittent audible noise without testing.</p> <p>The facility failed to ensure smoke detectors were maintained in proper operating conditions.</p> <p>Severity: 2 Scope: 3</p>	Y 444		
Y 876 SS=F	<p>449.2742(4) NRS 449.037</p> <p>NAC 449.2742</p> <p>4. Except as otherwise provided in this subsection, a caregiver shall assist in the</p>	Y 876		

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Y 876	Continued From page 4 administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure employees that assist in the administration of residents medications had successfully completed training and examination on the authorized manner of medication assistance. Findings include: The facility had custody, control and administered medications daily to six (6) of six (6) residents. The file for employees #2 & #3 lacked documented evidence of medication management training. Severity: 2 Scope: 3	Y 876		
Y 898 SS=D	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898		

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Y 898	<p>Continued From page 5</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the administration of residents medications reflect the current order or prescription of the resident's physician.</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was an 85 year old women admitted to the facility on 2/25/08.</p> <p>On 9/11/08, review of the facility's medication administration record (MAR) for Resident #1 revealed that the resident's physician had prescribed the following daily regimen of medications for the resident; Calcium +vitamin D 600/200mg, Docusate 100mg, Combivent inhaler, Ferrous Sulfate, Levothyroxine 25mg, ECASA 81mg, Lasix 20mg and Restoril 15 mg.</p> <p>On the day of the survey (9/11/08), Resident #1's medication bin was filled with empty prescription bottles. There were no MARs for the months of June 2008, July 2008, August 2008 and September 2008. The facility had no documented evidence indicating that the resident was administered medications for the aforementioned months.</p> <p>Interview with Employee #1 confirmed that the resident was out of medications for the above aforementioned months and the facility was unable to administer the medications to Resident</p>	Y 898			

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Y 898	Continued From page 6 #1. Employee #1 further indicated that she was "very concerned about that". Employee #1 then indicated that the facility was having difficulty obtaining payment for the resident's medications. The facility failed to administer the resident's medications according to the physician's orders or prescriptions. Severity: 2 Scope: 1	Y 898		
YA106 SS=F	449.200(1)(2)(3)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and (b) Proof that the caregiver is 18 years of age or older. 3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except	YA106		

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YA106	<p>Continued From page 7</p> <p>as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by: NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <ul style="list-style-type: none"> (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. <p>2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1:</p>	YA106			

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YA106	<p>Continued From page 8</p> <p>(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and</p> <p>(b) Proof that the caregiver is 18 years of age or older.</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p> <p>Based on record review, the facility failed to ensure a complete personnel file was kept for 3 of 3 employees (#1, #2 #3).</p> <p>Findings include:</p> <p>1. The file for Employee #1 (hired 8/16/07) lacked documented evidence of reference checks and a physician statement indicating the employee was in good health and free from communicable disease.</p> <p>2. The file for Employee #2 lacked documented evidence of a hire date, initial two-step tuberculin screening, annual one-step tuberculin screening, reference checks, physician statement indicating the employee was in good health and free from communicable disease, a signed statement that the employee read and understood the NAC 449 regulations and a complete background check to include; fingerprint cards, proof that fingerprints</p>	YA106		

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YA106	Continued From page 9 were forwarded to the repository or a response from the repository and a signed letter indicating the employee had not committed any of the seven (7) crimes listed in NRS 449.188. 3. The file for Employee #3 (Administrator) did not have a file available at the facility. The following items were not available during the survey date (9/11/08); name, address, telephone number, social security number, hire date, records relating to the training received by the employee, initial two-step tuberculin screening, annual one-step tuberculin screening, reference checks, first-aid certificate, cardiopulmonary resuscitation (CPR) certificate, proof of age and a complete background check to include; fingerprint cards, proof that fingerprints were forwarded to the repository or a response from the repository and a signed letter indicating the employee had not committed any of the seven (7) crimes listed in NRS 449.188. Severity: 2 Scope: 3	YA106		
YA174 SS=F	449.209(4)(a-d)Health and Sanitation NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse.	YA174		

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YA174	<p>Continued From page 10</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure the premises of the facility was kept free from offensive odors, rodents and the accumulation of dirt, garbage and refuse.</p> <p>Findings include:</p> <p>On the afternoon of 9/11/08, there was a pungent urine odor that permeated from Bedroom #3. Bedroom #3 was observed being occupied by 3 of 6 elderly residents.</p> <p>Interview with Employee #1 indicated that the residents that occupied Bedroom #3 were incontinent. Employee #1 further indicated that the residents would remove their soiled diapers and hide them or put them in the trash can inside the bathroom which was located in Bedroom #3.</p> <p>During the survey on 9/11/08, there were several dead roach caucuses observed in the dining area, kitchen area and in the medication bins for 3 of 6 residents.</p> <p>While reviewing the medication records, a medium size brown roach crawled out of the medication folder.</p> <p>While reviewing resident charts at the dinning room table, there were two small roaches observed crawling on the table where 6 of 6 residents received there daily meals.</p> <p>Interview with the Employee #1 and Employee #2 (owner) confirmed that the facility was having an</p>	YA174			

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YA174	Continued From page 11 extensive problem with bugs and rodents at the facility. Severity: 2 Scope: 3 Complaint # NV18968 & #NV19108	YA174			

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